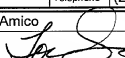


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PTO/SB/05 (11-00)

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. <b>G5030.0027/P027</b>	
		First Inventor <b>Motoyuki Kato</b>	
		Title <b>MEMORY ACCESS METHOD BY, etc.</b>	
		Express Mail Label No.	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Box Patent Application Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit on original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
3. <input checked="" type="checkbox"/> Specification [Total Pages <b>25</b> ] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>8</b> ]	<b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:		
5. Oath or Declaration [Total Pages <input type="checkbox"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached describing inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.35(b).			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b> <input type="checkbox"/> Customer Number or Bar Code Label <input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below			
Name <b>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP</b> <b>Thomas J. D'Amico</b>			
Address <b>2101 L Street NW</b>			
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20037-1526</b>	
Country	Telephone <b>(202) 785-9700</b>	Fax <b>(202) 887-0689</b>	
Name (Print/Type) <b>Thomas J. D'Amico</b>	Registration No. (Attorney/Agent) <b>28,371</b>		
Signature 	Date <b>March 13, 2001</b>		

<b>FEE TRANSMITTAL for FY 2001</b>				<b>Complete if Known</b>																																																																																																																																																																																																																																	
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<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                         Deposit Account Number      04-1073                          Deposit Account Name      Dickstein Shapiro Morin &amp; Oshinsky LLP                     </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                     </div>				<b>3. 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<b>SUBMITTED BY</b> Name (print/type)      Thomas J. D'Amico				Registration No. (Attorney/Agent)      28,371																																																																																																																																																																																																																																	
Signature				Complete (if applicable) Telephone      (202) 828-2232																																																																																																																																																																																																																																	
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